### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: PROCESS FOR PRODUCING ARSENIC

TRIOXIDE FORMULATIONS AND

METHODS FOR TREATING CANCER

USING ARSENIC TRIOXIDE OR

**MELARSOPROL** 

Attorney Docket Number:: CELLTH 3.0-003 CONT CONT IV

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 0

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Raymond

Middle Name:: P.

Family Name:: Warrell

Name Suffix:: Jr.

City of Residence:: Westfield

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 6 Kimball Circle

City of mailing address:: Westfield

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Pier

Middle Name:: Paolo

Family Name:: Pandolfi

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 303 East 60th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10022

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Janice

Middle Name:: L.

Family Name:: Gabrilove

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 25 East 86th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10028

**Correspondence Information** 

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/425,785	04/30/03
10/425,785	Continuation of	09/189,965	11/10/98
09/189,965	An application claiming the benefit under 35 USC 119(e)	60/064,655	11/10/97

## **Assignee Information**

Assignee name:: Memorial Sloan-Kettering Cancer Center

Street of mailing address:: 1275 York Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10021